

Indiana | State
MUSEUM

Youth Volunteer Application

WEB

PERSONAL INFORMATION

Name: _____ Ms. _____ Mr. _____
Last First Middle Initial Preferred Salutation

Address: _____
Street Address City State Zip

Phone: (____) _____ (____) _____
Day (for initial contact) Evening e-mail

Date of birth: _____
month / day / year

What made you decide to volunteer at the Indiana State Museum?

☐ Friend ☐ Advertisement in _____

☐ Indiana State Museum Publication ☐ Other _____
Please describe

EDUCATION

Middle School 6 7 8 School: _____

High School 9 10 11 12 School: _____

Other special courses: _____

EXPERIENCE

Reference: _____
Name Relationship Day Phone Eve. Phone

Special training or skill: _____

Volunteer experience: _____

Hobbies: _____

AVAILABILITY

Do you prefer to volunteer: ☐ weekly ☐ twice monthly ☐ special events ☐ on call only

Summer Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							Not open
Afternoon							

Available days/times for an interview if different: _____

PLEASE COMPLETE NEXT PAGE AND MAIL TO:

**Director of Volunteer Services, Indiana State Museum, 650 W. Washington Street,
Indianapolis, IN 46204 or FAX to (317) 232-7090**

Questions: Call (317) 232-8351

Emergency contact: _____
Name Relationship Day Phone Eve. Phone

Do you know any Indiana State Museum volunteers?: _____

VOLUNTEER INTERESTS

Job descriptions are available for your review for specific positions in areas of interest.

Guest Services:

_____ Greeters (Directs visitors who are entering and answers questions).

Share your love of learning:

_____ Interactive Cart Hosts (Answers questions; shares information on specific artifacts or facilitates an activity to enhance the visitor's gallery experience).

_____ Futures Host (Assists visitors in the use of the high tech interactive exhibits in *Tomorrow's Indiana*).

_____ Naturalist's Lab Assistant (Answer questions about artifacts in exhibit; assist visitors with activities).

_____ Special Exhibits

_____ Vignette Theater Performers (Provide a 3-5 minutes interpretation of a provided theater piece or work with staff to create a theater piece depicting a fictional character that enhances the museum's exhibits.)

Special Events:

_____ Special Events (Provides an opportunity to have fun and to share that enjoyment with our visitors as you assist with games and educational activities. Examples are Family Discovery Days, Camp Invention, Toy Soldiers Playground, Artisan Workshops, Sunday Serenades, Morning Matinees, Day of the Dead, etc.).

Comments or additional interests: _____

Preferred positions: _____

Release

In consideration of the publicity benefits to me and of my involvement by the Department of Natural Resources, the Indiana State Museum and the Historic Sites, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the Department of Natural Resources, the Indiana State Museum and the Historic Sites harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.

X _____ Date: _____
(Volunteer Signature)

X _____ Date: _____
If under 16 years of age parent or guardian and student must sign.

Address of parent or guardian, if volunteer is under 16.

DNR Volunteer Service Agreement

This agreement is entered into between the **Indiana Department of Natural Resources** and _____
(Printed Name) to govern volunteer services.

The above named agrees as follows: I am a volunteer for the State of Indiana and I am a temporary employee and not for compensation. I understand that I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standards Acts. I further understand that if I am injured while working for the State of Indiana as a volunteer, Workman's Compensation will be the sole and exclusive remedy for any such injury. It is mutually agreed that the above named individual will assist and work as a volunteer with the Department of Natural Resources during the period that will begin on or about _____ (fill in date that volunteer service begins).

Signed Name: _____

Date Signed: _____